## PART B - FEE(S) TRANSMITTAL



Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

| Note: A confidence of moving on only be used for demonstrationalities of an accordancy in the state of the st      | CURRENT CORRESPONDENC  | CE ADDRESS (Note: Use Block 1 for  | any change of address)   | OFFE  | Note: A confector Fee(s) Transpapers. Ea   | ertificate of<br>nsmittal. Th<br>ch additions             | mailing can only be used<br>is certificate cannot be used<br>all paper, such as an assign   | for domestic mailings of the domestic mailings of the domestic mailings of the domestic must be domested for mail drawing must be domested for mail drawing must be domested for mail drawing must be domested for mailings of the domestic mailings o |
|---|--|--|--|---|--|---|---|--|
| Control   Cont        | Dale A Bjorkmar<br>Kagan Binder, PLI<br>Maple Island Build   | n<br>LC<br>ling , Suite 200  | (EXT   |   | <b>%</b> \   | Certify that the sal Service value of the Mail to the USP | rtificate of Mailing or Tra<br>is Fee(s) Transmittal is be<br>with sufficient postage for<br>1 Stop ISSUE FEE addre<br>TO (571) 273-2885, on th | ansmission<br>generated with the Unite<br>first class mail in an envelop<br>ess above, or being facsimil<br>e date indicated below.  |
| FC:1501 1400.00 OP  CHAPLEATION NO. FILING DATE FIRST NAMED INVENTOR  10/612,534 10/612,      | 5/08/Stillwater MN 550   | 00065 10612534   | `  | MOEMAR  |  | Mary  | C. Deutsch  |  |
| THE OF INVENTION: ORGANOSOL LIQUID TONER INCLUDING AMPHIPATHIC COPOLYMERIC BINDER HAVING CRYSTALLINE  APPLN. TYPE SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE nonprovisional NO \$1400 \$300 \$1700 \$05/16/2006  EXAMINER ART UNIT CLASS-SUBCLASS  GOODROW, JOHN L 1756 430-114000  1. Change of correspondence address or indication of "Fee Address" and indication of "Fee Address" indication for "Fee Address"   |  | 1400.00 OP   |  |   |  | nay o   | 2. 2004   | (Date  |
| TITLE OF INVENTION: ORGANOSOL LIQUID TONER INCLUDING AMPHIPATHIC COPOLYMERIC BINDER HAVING CRYSTALLINE  APPLN. TYPE SMALL ENTITY ISSUE FEE PUBLICATION FEE TOTAL FEE(S) DUE DATE DUE  nonprovisional NO \$1400 \$300 \$1700 \$31700 \$05/16/2006  EXAMINER ART UNIT CLASS-SUBCLASS  GOODROW, JOHN L 1756 430-114000  Change of correspondence address or indication of "Fee Address" (37 (CFR 1.363))  Change of correspondence address for Change of Correspondence Address Simple Statehed.  The Address Indication (or "Fee Address" Indication from PLOSB/12/2) attached.  The Address Indication (or "Fee Address" Indication from PLOSB/12/2) attached.  The Address Indication (or "Fee Address" Indication from PLOSB/14/2, Rev 03-02 or more recent) attached. Use of a Customer Number is required.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignmen is identified below, the document has been filed for recordation as sci forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignmen.  (A) NAME OF ASSIGNEE  (A) Payment of Fee(s):  Samsung Electronics Company  Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government of the fee(s) is enclosed.  The following fee(s) are enclosed:  The following fee(s) are enclosed:  A check in the amount of the fee(s) is enclosed.  Payment of Fee(s):  A check in the amount of the fee(s) is enclosed.  Payment of Fee(s):  A check in the amount of the fee(s) is enclosed.  Payment by credit card. Form PTO-2038 is attached, my additional.  The Director is herby attached above.  Payment by credit card. Form PTO-2038 is attached, my additional.  The Director of the USF10 is requested to apply the Issue Fee and Publication Fee (fi any) or to re-apply any previously paid issue fee to the application identified above.  NOTE: The Director of the USF10 is r | APPLICATION NO.  | FILING DATE  | F  | INVENTOR  |  | ATTORNEY DOCKET NO.                                       | . CONFIRMATION NO.  |  |
| nonprovisional NO \$1400 \$300 \$1700 \$05/16/2006  EXAMINER ART UNIT CLASS-SUBCLASS  GOODROW, JOHN L 1756 430-114000  1. Change of correspondence address or indication of "Fee Address" (37 CFR 1,563).  Change of correspondence address (or Change of Correspondence Address for indication for "Fee Address" indication for "Fee Address" indication for "Fee Address" indication for "Fee Address for Change of Correspondence Address for indication for "Fee Address" indication for in Fee Address indication for in Fee Address indication for in Fee Address   | TITLE OF INVENTION:  |  | TONER INCLUD   |   | •  | YMERIC  |   |  |
| Change of correspondence address or indication of "Fee Address" (37   CFR 1.363).   | APPLN. TYPE  | SMALL ENTITY   | ISSUE FEE  |   | PUBLICATION FEE  |   | TOTAL FEE(S) DUE  | DATE DUE   |
| GOODROW, JOHN L 1756 430-114000  1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address from PTO/SB/122) attached.  The Address from PTO/SB/122 attached.  The Director is hereby authorized from PTO-2038 is attached.  The Director is hereby authorized from PTO-2038 is attached.  The Director is hereby authorized from PTO-2038 is attached.  The Director is hereby authorized from PTO-2038 is attached.  The Director is hereby authorized from PTO-2038 is attached.  The Director is hereby authorized from PTO-2038 is attached.  The Director is hereby authorized from PTO-2038 is attached.  The Director is hereby authorized from PTO-2038 is attached.  The Director is hereby authorized from PTO-2038 is attached.  The Director is hereby authorized from PTO-2038 is attached.  The Director is hereby authorized from PTO-2038 is attached.  The Director is hereby authorized from PTO-2038 is attached.  The Director is hereby authorized from PTO-2038 is attached.  The Director is hereby authorized from PTO-2038 is attached.  The Director is hereby authorized from PTO-2038 is attached.  The Director is hereby authorized from PTO-2038 is attached.  The Director is hereby authorized from PTO-2038 is attached      | nonprovisional   | nonprovisional NO  |  | \$1400  |  |   | \$1700  | 05/16/2006   |
| Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).   Change of correspondence address (or Change of Correspondence Address from PTO/SB/122) attached.   "Fee Address" indication (or "Fee Address" Indication form PTO/SB/122) attached.   "Fee Address" indication (or "Fee Address" Indication form PTO/SB/12) attached. Use of a Customer Number is required.   "Fee Address" indication (or "Fee Address" Indication form PTO/SB/12) attached. Use of a Customer Number is required.   Address from PTO/SB/12 or more recent) attached. Use of a Customer Number is required.   Change of correspondence address (or Change of Correspondence Address indication form pto/SB/12) attached. Use of a Customer Number is required.   Change of correspondence address (or Change of Spingle (or address) and the name of up to 3 registered patent attorneys or agents. If no name is listed, no name will be printed.   Change in Entity Status (from 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)   Samsung Electronics Company   | EXAMINER   |  | ART UNIT   |   | CLASS-SUBC   | LASS  |   |  |
| Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  | GOODROW, JOHN L  |  | 1756   |   | 430-11400  | 430-114000  |   |  |
| 4b. Payment of Fee(s):    A check in the amount of the fee(s) is enclosed.   Publication Fee (No small entity discount permitted)   Payment by credit card. Form PTO-2038 is attached any additional.   Payment by credit card. Form PTO-2038 is attached any additional.   Payment by credit card. Form PTO-2038 is attached any additional.   Payment by credit card. Form PTO-2038 is attached any additional.   Payment by credit card. Form PTO-2038 is attached any additional.   Payment by credit card. Form PTO-2038 is attached any additional.   Payment by credit card. Form PTO-2038 is attached any additional.   Payment by credit card. Form PTO-2038 is attached any additional.   Payment by credit card. Form PTO-2038 is attached any additional.   Payment by credit card. Form PTO-2038 is attached any additional.   Payment by credit card. Form PTO-2038 is attached any additional.   Payment by credit card. Form PTO-2038 is attached any additional.   Payment by credit card. Form PTO-2038 is attached any additional.   Payment by credit card. Form PTO-2038 is attached any additional.   Payment by credit card. Form PTO-2038 is attached any additional.   Payment by credit card. Form PTO-2038 is attached any additional.   Payment by credit card. Form PTO-2038 is attached any additional.   Payment by credit card. Form PTO-2038 is attached any additional.   Payment by credit card. Form PTO-2038 is attached any additional.   Payment by credit card. Form PTO-2038 is attached any additional.   Payment by credit card. Form PTO-2038 is attached any additional.   Payment by credit card. Form PTO-2038 is attached any additional.   Payment by credit card. Form PTO-2038 is attached any additional.   Payment by credit card. Form PTO-2038 is attached any additional.   Payment by credit card. Form PTO-2038 is attached any additional.   Payment by credit card. Form PTO-2038 is attached any additional.   Payment by credit card. Form PTO-2038 is attached any additional.   Payment by credit card. Form PTO-2038 is attached any additional.   Payment by      | "Fee Address" indica PTO/SB/47; Rev 03-02 Number is required.  3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGN | tion (or "Fee Address" Indicator more recent) attached. Use D RESIDENCE DATA TO B an assignee is identified be 137 CFR 3.11. Completion EE | ation form<br>e of a Customer<br>E PRINTED ON TO<br>elow, no assignee d<br>of this form is NOT | (2) the nan registered 2 registered listed, no note that will appear a substitute (B) RESIDE. | ne of a single firm attorney or agent) ad patent attorneys of ame will be printed (print or type) ear on the patent. For filing an assignment of the control | or agents. If   | es of up to no name is 3ee is identified below, the   |  |
| A check in the amount of the fee(s) is enclosed.   Publication Fee (No small entity discount permitted)   Payment by credit card. Form PTO-2038 is attached any additional.   The Director is hereby authorized 10-1775   Payment by credit card. Form PTO-2038 is attached any additional.   The Director is hereby authorized 10-1775   Payment by credit card. Form PTO-2038 is attached any additional.   The Director is hereby authorized 10-1775   Payment by credit card. Form PTO-2038 is attached any additional.   | Please check the appropriate   | e assignee category or catego  | ries (will not be prin   | nted on the pa  | atent): 🔲 Indivi   | dual 🔼 Co   | orporation or other private g   | group entity Governmen   |
| 5. Change in Entity Status (from status indicated above)  a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).  The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.  Authorized Signature  Typed or printed name  Karrie Weaver  Registration No.  43,425  | lssue Fee Discussion Fee (No small entity discount permitted)  |  |  | A check in the amount of the fee(s) is enclosed.  |  |   |   |  |
| Authorized Signature    Date        | a. Applicant claims S  | MALL ENTITY status. See  | e)<br>37 CFR 1.27.   | ☐ b. Applica  | ant is no longer clai  | ming SMAI   | LL ENTITY status. See 37  | CFR 1.27(g)(2).  |
| Authorized Signature  | NOTE: The Issue Fee and P<br>interest as shown by the reco   | by requested to apply the issu-<br>by blication Fee (if required) words of the United States Pate  | vill not be accepted<br>ent and Trademark (  | on ree (if any<br>from anyone<br>Office.  | other than the appl  | y previously<br>icant; a regi                             | y paid issue fee to the appli<br>stered attorney or agent; or   | cation identified above.<br>the assignee or other party in   |
| Typed of printed finance Registration No.   |  | Karria & W   | <u>~</u>   |   |  |   | 42 425  |  |
|   |  |  | · · · · · · · · · · · · · · · · · · ·  | is required .   |  | J   | 0.  | and have the UCDTO   |

an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CER 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.